This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: <u>0942/676</u>

Total Fee Calculation

					•			
	Fee Code	Total # Claims	Number Extra	x	Fee	Fee	28	Total
•	Sm./Lg.				Sm. Entity	Lg. Entiry		
Basic Filing Fee	201/10+							760.00
Total Claims >20	203/103	20 .20	*	x		·	3	<i></i>
Independent Claims >3	202/102		=	x			3	
Mult. Dep Claim Presen	t <u>204/104</u>						•	
Surcharge	205/195	•					3,	1300
English Translation	139	•						لاعتبا
TOTAL FEE CALCUL	NOITA							890,00
Fees due upon filing	the application	:						
Total Filing Fees Du	e = S	890.	D					
Less Filing Fees Sub	miπed - \$			_	·			
BALANCE DUE	/ = \$ <u> </u>	8 90.a	9	· ·				·
Ball	Hande							
Office of Initial Pater	il Examination							

Figure 7